POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	45		10/3/00
O.I.P.E. CLASSIFIER	1500	32	10/10
FORMALITY REVIEW	H-5	30866	11:06:00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted		Objected

_ (Thro ÷	ough numeral) Canceled Restricted	A 0	Appeal Objected	••
Claim Date	Claim	Date	Claim	Date
Final Color	Final		Final	
	51 52		101	
2 N N	53	 	102	+
4 MM	54		104	+++++
6 44	55	+	105	
7 00	57	 	106	
8 0	58		108	
2 0	59		109	
	60		110	++++++
	62	 	112	
13 00	63		113	
14 ~ V V	64		114	
15)	66		115	
17 /	67		117	
18	. 68		118	
19	69 70		119	
20 1	70		120	
22	72	 	122	
23	73		123	
24	74 75		124	
25 26	76		125	- - - - - - - - - -
27	77		127	
28	78		128	
30	79		129	
31	81		131	- - - - - -
32	82		132	
33	83		133	
34 35	84 85	+	134	
36	86		136	
37	87		137	
38	88		138	
40	90		139	+++++
41	91		141	
42	92		142	
43	93		143	
44 45	94 95	+	144	┤╎┤┤┩ ╄
46	96		146	
47	97		147	
48 49	98		148	
50	100	╎╎╎╎ ┼┼┼┼┼┼	149	
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If more than 150 claims or 10 actions staple additional sheet here

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